



Benefits, Value Added Services and Premiums are effective January 1, 2013 through
December 31, 2013

PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network Providers	Out-of-Network Providers
Combined In and Out of Network Deductible (Plan Level/includes Network Deductible)	\$200	\$200

Unless otherwise indicated, the Deductible must be met prior to benefits being payable.

In-network services exempt from Deductible: Emergency Room Ambulance, Non-Emergency Room Ambulance, Emergency Room including foreign travel, Urgently Needed Care, Diabetic Supplies, Blood, Dialysis, Part B Drugs, Routine Hearing Exams, Routine Eye Exams, and all Medicare-Covered Preventive Services.

Out-of-network services exempt from Deductible: Emergency Room, Emergency Room Ambulance, Urgently Needed Care, Medicare-Covered Preventive Services, Routine Eye Exam, and Routine Hearing Exam.

Deductible is NOT applicable to Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.

Member Coinsurance	N/A	10% Coinsurance
Applies to all expenses unless otherwise stated.		
Annual Maximum Out-of-Pocket Amount (includes deductible)	\$3,400	N/A
Combined Annual Maximum Out-of-Pocket Amount (Plan Level / includes deductible)	N/A	\$3,400

Annual Maximum Out-of-pocket Limit amount applies to all medical expenses. Part D prescription drug deductibles and copays do not apply to the plan out of pocket maximum

	Optional	Not Applicable
Primary Care Physician Selection - Optional		

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Certification Requirements

There is not a requirement for member pre-certification. If a member fails to obtain pre-certification they will not be denied services or will any penalty amount be applied. However, pre-certification is requested by the Aetna provider on certain services including inpatient hospital care, inpatient mental health and substance abuse, skilled nursing facility, home health care and some durable medical equipment.

Referral Requirement	None	None
PREVENTIVE CARE		
“Welcome to Medicare” physical exam	Covered 100%; Deductible does not apply	10% Coinsurance; Deductible does not apply
Annual Wellness Exams One exam every 12 months	Covered 100%; Deductible does not apply	10% Coinsurance; Deductible does not apply
Medicare Covered Immunizations Pneumococcal, Flu, Hepatitis B	Covered 100%; Deductible does not apply	Covered 100%; Deductible does not apply
Routine GYN Care (Cervical and Vaginal Cancer Screenings) One routine GYN visit and pap smear every 12 months	Covered 100%; Deductible does not apply	10% Coinsurance; Deductible does not apply
Routine Mammograms (Breast Cancer Screening) One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over every twelve months	Covered 100%; Deductible does not apply	10% Coinsurance; Deductible does not apply
Routine Prostate Cancer Screening Exam For covered males age 50 and over every 12 months	Covered 100%; Deductible does not apply	10% Coinsurance; Deductible does not apply
Routine Colorectal Cancer Screening For all members age 50 and over.	Covered 100%; Deductible does not apply	10% Coinsurance; Deductible does not apply
Routine Bone Mass Measurement One exam every 24 months	Covered 100%; Deductible does not apply	10% Coinsurance; Deductible does not apply
Additional Medicare Preventive Services***	Covered 100%; Deductible does not apply	10% Coinsurance; Deductible does not apply
Routine Hearing Screening One annual exam	Covered 100%; Deductible does not apply	10% Coinsurance; Deductible does not apply
PHYSICIAN SERVICES		
Primary Care Physician Visits	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies
Primary Care Physician Visits (after hours) Includes services of an internist, general physician, family practitioner.	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies
Physician Specialist Visits	\$20 Copay; Deductible Applies	10% Coinsurance; Deductible Applies
Allergy Testing/Treatment	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies

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DIAGNOSTIC PROCEDURES		
Outpatient Diagnostic Tests and Therapeutic Services and Supplies	Covered 100% for each Medicare-covered X-ray visit and/or simple diagnostic test Deductible applies.	10% Coinsurance for each Medicare-covered X-ray visit and/or simple diagnostic test Deductible applies.
	Covered 100% for each Medicare-covered complex diagnostic test and/or radiology visit Deductible applies.	10% Coinsurance for Medicare-covered complex diagnostic test and/or radiology visit Deductible applies.
	Covered 100% for each Medicare-covered radiation therapy treatment Deductible applies.	10% Coinsurance for each Medicare-covered radiation therapy treatment Deductible applies.
	Covered 100% for Medicare-covered supplies Deductible applies.	10% Coinsurance for Medicare-covered supplies Deductible applies.
	Covered 100% for each Medicare-covered clinical/diagnostic lab test Deductible applies.	10% Coinsurance for each Medicare covered clinical/diagnostic lab test Deductible applies.
	Covered 100% per Medicare-covered pint of blood Deductible does not apply.	10% Coinsurance per Medicare covered pint of blood Deductible applies.
EMERGENCY MEDICAL CARE		
Urgently Needed Care	\$20 Copay Deductible does not apply	\$20 Copay Deductible does not apply
Emergency Care; Worldwide (waived if immediately admitted to the inpatient facility)	\$65 Copay; Deductible does not apply	\$65 Copay; Deductible does not apply
Ambulance Services	Covered 100%; Deductible does not apply	Covered 100%; Deductible does not apply
HOSPITAL CARE		
Inpatient Hospital Care	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies



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Outpatient Surgery	Covered 100% for a visit to a network primary care physician in an outpatient hospital setting/clinic for Medicare-covered non-surgical services. Deductible Applies. \$20 copay for a visit to a network specialist in an outpatient hospital setting/clinic for Medicare-covered non-surgical services. Deductible applies.	10% Coinsurance; Deductible Applies
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The member cost sharing applies to covered benefits incurred during a member's outpatient visit. Cost sharing will be based upon the type of service received (consultations, test/ labs/ radiology) and the highest copayment will apply.



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MENTAL HEALTH SERVICES

Inpatient Mental Health Care	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Mental Health Care	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies
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ALCOHOL/DRUG ABUSE SERVICES

Inpatient Substance Abuse (Detox and Rehab)	Covered 100%; Deductible Applies	10% Coinsurance; Deductible applies
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay

Outpatient Substance Abuse (Detox and Rehab); Including Partial Hospitalization	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies
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The member cost sharing applies to covered benefits incurred during a member's outpatient visit.

OTHER SERVICES

Skilled Nursing Facility (SNF) Care	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies
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Limited to 100 days per Medicare benefit period.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Home Health Agency Care	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies
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Hospice Care	Covered by Medicare at a Medicare certified hospice \$20 Copay for consultation; Deductible does not apply	Covered by Medicare at a Medicare certified hospice; 10% Coinsurance for consultation; Deductible applies.
Outpatient Rehabilitation Services	\$20 Copay; Deductible Applies	10% Coinsurance; Deductible Applies
Covered Services: Speech, Physical, and Occupational therapy.		
Cardiac Rehabilitation Services	\$20 Copay; Deductible Applies	10% Coinsurance; Deductible Applies
Pulmonary Rehabilitation Services	\$20 Copay; Deductible Applies	10% Coinsurance; Deductible Applies
Chiropractic Services	\$20 Copay; Deductible Applies	10% Coinsurance; Deductible Applies
For manipulation of the spine to the extent covered by Medicare		
Non-Medicare Covered Chiropractic Services	20% Coinsurance; Deductible Applies	Same as Preferred Care
Benefits are provided for ancillary treatment such as massage therapy, heat and electro-stimulation provided by a licensed chiropractor in conjunction with an active course of treatment.		
Durable Medical Equipment - includes wigs and compression stockings	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies
Prosthetic Devices	Covered 100%; Deductible Applies	10% Coinsurance; Deductible Applies



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Podiatry Services \$20 Copay; Deductible Applies 10% Coinsurance; Deductible Applies

In addition to Medicare covered services, plan will cover routine service for the removal of corns and calluses.

Diabetic Supplies	Covered 100%; Deductible does not apply	10% Coinsurance, Deductible applies
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Covered services include: Blood glucose monitor, blood glucose test strips, urine test strips, lancet.

Outpatient Dialysis Treatments	Covered 100% for each Medicare-covered kidney education session. Deductible applies.	10% Coinsurance for each Medicare-covered kidney education session Deductible applies.
	Covered 100% for Medicare-covered outpatient or physician office dialysis. Deductible does not apply.	10% Coinsurance for Medicare-covered outpatient or physician office dialysis Deductible applies.
	Covered 100% for Medicare-covered home dialysis or home support services. Deductible does not apply.	10% Coinsurance for Medicare-covered home dialysis or home support services Deductible applies
	Covered 100% for Medicare-covered self-dialysis training. Deductible does not apply.	10% Coinsurance for Medicare-covered self-dialysis training Deductible applies.
	Covered 100% for Medicare-covered home dialysis equipment and supplies. Deductible applies	10% Coinsurance for Medicare-covered home dialysis equipment and supplies Deductible applies

Medical nutrition therapy	Covered 100%	10% Coinsurance, Deductible applies
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Medicare Part B Prescription Drugs	Covered 100%	10% Coinsurance, Deductible applies
Medicare Covered Dental	\$20 copayment; Deductible Applies	10% Coinsurance, Deductible applies
Coverage for Medicare Covered Benefits Only.		
Vision Care	<p>Covered 100% for visits to a network primary care physician for Medicare-covered exams to diagnose and treat diseases of the eye. Deductible applies.</p> <p>\$20 copay for visits to a network specialist for Medicare-covered exams to diagnose and treat diseases of the eye. Deductible applies.</p> <p>Covered 100% for Medicare-covered glaucoma screening. Deductible does not apply.</p> <p>Covered 100% for glasses/contacts following Medicare covered cataract surgery. Deductible applies.</p>	<p>10% Coinsurance for visits to a primary care physician for Medicare-covered exams to diagnose and treat diseases of the eye. Deductible applies.</p> <p>10% Coinsurance for visits to a specialist for Medicare-covered exams to diagnose and treat diseases of the eye. Deductible applies.</p> <p>10% Coinsurance for Medicare-covered glaucoma screening. Deductible does not apply.</p> <p>10% Coinsurance for glasses/contacts following Medicare covered cataract surgery. Deductible applies.</p>
Temporomandibular Joint Syndrome (TMJ)	20% Coinsurance; Deductible Applies	20% Coinsurance; Deductible Applies
<p>Coverage is provided for the treatment of a specific organic condition of or physical trauma to the temporomandibular joint (jaw hinge). Coverage is limited to surgery or injections of the temporomandibular joint, physical therapy, or other medical treatments. Benefits are not provided for any temporomandibular joint syndrome services not listed as covered in the Covered Services section. Coverage is not provided for any procedure or device that alters the vertical relationship of the teeth or the relation of the mandible to the maxilla. Dental services related to TMJ are not covered.</p>		
Hearing Aid Reimbursement	Discounts where available	Same as Preferred Care
Coaching One phone call per week	Included	Not covered
Acupuncture	Discounts where available	Same as Preferred Care
Fitness Membership	Silver & Fit	Not covered



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PHARMACY - PRESCRIPTION DRUG BENEFITS	Cost Share
Prescription drug calendar year deductible	\$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Initial Coverage Limit (ICL) \$2,970 Covered Medicare Prescription Drug Expenditure
The Initial Coverage Limit includes the applicable plan deductible. Until covered Medicare Prescription Drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied), cost-sharing is as follows:

Retail - Member Cost-Sharing up to the Initial Coverage Limit	Member pays \$10 Copay for Tier 1 Generics \$0 Copay for Select Generics
	Member pays \$30 Copay for Tier 2 Preferred Brand
	Member pays \$45 Copay for Tier 3 Non-Preferred Brand

Up to one month (31 day) supply at indicated copay or coinsurance
Three month (90 day) supply available at retail. Dollar copayments or applicable coinsurance will apply for each month supply.

Mail Order through Aetna Rx Home Delivery - Member Cost-Sharing up to Initial Coverage Limit	Member pays \$10 Copay for Tier 1 Generics \$0 Copay for Select Generics
	Member pays \$30 Copay for Tier 2 Preferred Brand
	Member pays \$45 Copay for Tier 3 Non-Preferred Brand

Up to a three month (90 day) supply available via our preferred vendor, Aetna Rx Home Delivery.

Coverage Gap*
Once covered Medicare Prescription Drug expenses have reached the Initial Coverage Limit, the Coverage Gap begins. Member cost sharing under the plan between the Initial Coverage Limit and until \$4,750 in true out-of-pocket costs for Covered Part D drugs is incurred is as follows:

Retail - Member Cost-Sharing during Coverage Gap*	Member pays \$10 Copay for Tier 1 Generics \$0 Copay for Select Generics
	Member pays \$30 Copay for Tier 2 Preferred Brand
	Member pays \$45 Copay for Tier 3 Non-Preferred Brand

Up to one month (31 day) supply at indicated copay or coinsurance
Three month (90 day) supply available at retail. Dollar copayments or applicable coinsurance will apply for each month supply.



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Mail Order through Aetna Rx Home	Member pays \$10 Copay for Tier 1 Generics
Delivery - Member Cost Sharing	\$0 Copay for Select Generics
during Coverage Gap*	Member pays \$30 Copay for Tier 2 Preferred Brand
	Member pays \$45 Copay for Tier 3 Non-Preferred Brand

Up to a three month (90 day) supply available via our preferred vendor, Aetna Rx Home Delivery.

Catastrophic Coverage	Member pays \$0 once \$4,750 in true out-of-pocket is incurred.
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Requirements:	
Precertification	Yes
Step-Therapy	Yes
Formulary	Custom (Three Tier)

*** Additional Medicare Preventive Services include ultrasound screening for abdominal aortic aneurysm (AAA), cardiovascular disease screening, diabetes screening tests, diabetes self-management training (DSMT), medical nutrition therapy, glaucoma screening, smoking & tobacco use cessation counseling, screening and behavioral counseling for alcohol misuse, adult depression screening, behavioral counseling for and screening to prevent sexually transmitted infections, behavioral therapy for obesity, behavioral therapy for cardiovascular disease, and HIV screening.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). Coverage is provided through a Medicare Advantage organization or a Medicare prescription drug plan sponsor with a Medicare contract. Benefits, formulary, pharmacy network, premium, co-payments/co-insurance, limitations and service areas may change on January 1 of each year.

Members must be entitled to Medicare Part A and continue to pay the Part B premium and Part A, if applicable.

This material is for informational purposes only. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Aetna does not provide care or guarantee access to health services.

In case of emergency, members should call 911 or the local emergency hotline, or go directly to an emergency care facility.

The following is a partial listing of exclusions and limitations under the Aetna MedicareSM Plan (PPO):

- Services that are not medically necessary or covered under the Original Medicare Program;
- Plastic or cosmetic surgery unless medically necessary;
- Custodial care;
- Experimental procedures or treatments beyond Original Medicare limits;



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Higher cost sharing may apply for out-of-network services. Precertification, or prior approval of coverage, is requested for certain services. Providers must be licensed and eligible to receive payment under the federal Medicare program.

Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change.

Discount programs provide access to discounted prices and are not insured benefits. The member is responsible for the full cost of the discounted services.

Health benefits and health insurance plans contain exclusions and limitations.

*Your plan sponsor/former employer provides additional coverage during the Coverage Gap phase for covered brand-name drugs. This means that you will generally continue to pay the same amount for covered brand-name drugs throughout the Coverage Gap phase of the plan as you paid in the Initial Coverage phase.

Coinurance-based cost sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

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There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- cover a drug that would be covered under Medicare Part A or Part B.
- cover a drug purchased outside the United States and its territories.
- generally cover drugs prescribed for “off label” use, (any use of the drug other than those indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books (eg, American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI) or its successor).

Additionally, by law, the following categories of drugs are not normally covered by a Medicare Prescription Drug Plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs”. These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia;
- Drugs used for cosmetic purposes or to promote hair growth;
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations;
- Barbiturates (except as identified by CMS for Part D inclusion);
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale;
- Drugs used to promote fertility;
- Drugs used for symptomatic relief of cough and colds;
- Non-prescription drugs, also called over-the counter (OTC);
- Drugs when used for the treatment of sexual or erectile dysfunction.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions.

Enrollees must use network pharmacies to receive plan benefits except in limited, non-routine circumstances when a network pharmacy is not available, including illness while traveling within the United States but outside of the plan's service area where there is no network pharmacy. An additional cost may be incurred for drugs received at an out-of-network pharmacy. Quantity limits and restrictions may apply.

Enrollees may be able to get Extra Help to pay for prescription drug premiums and costs. To see if an individual may qualify for extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778;
- or
- Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Health Benefits and Health Insurance plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). A Medicare Advantage organization with a Medicare contract. A Medicare approved Part D sponsor.

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This document may be available in a different format or language. For assistance, please call Member Services at 1-800-282-5366 (TTY/TDD: 1-888-760-4748). Calls to this number are free. Hours of operation: 7 days per week, 8am till 8pm. Este documento podría estar disponible en diferentes formatos o idiomas. Para ayuda, por favor llame a Servicios al Miembro al 1-800-282-5366 (TTY/TDD: 1-888-760-4748). Las llamadas a este número son gratuitas. Horario de atención: los 7 días de la semana, de 8 a.m. a 8 p.m.

Aetna Medicare Non-Part D Drug Rider

Certain types of drugs or categories of drugs are not normally covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs.”

This plan offers additional coverage of some prescription drugs not normally covered in a Medicare Prescription Drug Plan. The amount paid when filling a prescription for these drugs does not count towards qualifying for catastrophic coverage.

For those receiving extra help from Medicare to pay for prescriptions, the extra help will not pay for these drugs.

List of Non-Part D Drugs Covered Under The Supplemental Benefit Prescription Drug

- agents when used for weight loss
- prescription vitamins and mineral products, except prenatal vitamins and fluoride
- drugs used for the treatment of sexual or erectile dysfunction**
- DESI drugs
- agents when used to promote fertility**

List of Non-Part D Drugs That Are Not Covered Under The Supplemental Benefit Prescription Drug Rider:

- agents when used for weight gain or anorexia
- agents when used for cosmetic purposes or hair growth
- agents when used for the symptomatic relief of cough and colds
- nonprescription drugs
- outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee as a condition of sale

Non-Part D drugs covered under the Rider can be accessed at the applicable plan copay, unless noted below.

** Drugs used for the treatment of sexual or erectile dysfunction and agents when used to promote fertility can be accessed at a \$50 member cost share.

Copayments and associated costs for these prescription drugs will not apply toward the deductible, initial coverage limit or True Out-of-Pocket threshold. Some drugs may require prior authorization before they are covered under the plan. The physician can contact Aetna for prior authorization, toll free at 1-800-414-2386.

Questions should be directed to Member Services at the toll free phone number on the Aetna Medicare Member ID card.

Benefits coverage is provided by Aetna Life Insurance Company. This material is for informational purposes only. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.

For more information about Aetna plans, refer to www.aetna.com.
2013 Aetna Medicare

This is the end of this plan benefit summary